

Application Data Sheet

Application Information

Application number::	
Filing Date::	10/01/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	IMPROVED PROTEIN EXPRESSION BY CODON HARMONIZATION AND TRANSLATIONAL ATTENUATION
Attorney Docket Number::	016873-000400US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Randall
Middle Name:: L.
Family Name:: Kincaid
Name Suffix::
City of Residence:: Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11700 Bunnell Court
City of Mailing Address:: Potomac
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Evalina
Middle Name::
Family Name:: Angov
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9310 Pooks Hill Road
City of Mailing Address:: Bethesda

State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name:: A.
Family Name:: Lyon
Name Suffix::
City of Residence:: Silver Spring
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9106 Fairview Road
City of Mailing Address:: Silver Spring
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20910

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	claims priority to	PCT/_____	04/01/03
which is	An appln claiming benefit under 35 USC 119(e) of	60/369,741	04/01/02
and which is	An appln claiming benefit under 35 USC 119(e) of	60/379,688	05/09/02
and which is	An appln claiming benefit under 35 USC 119(e) of	60/425,719	11/12/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::